

# Field Trip Permission Form and Consent for Emergency Medical Treatment IMANI COMMUNITY CHURCH

(Please fill out a separate form for each child)

I hereby request that my child/ward, \_\_\_\_\_ ("my child") be permitted to attend the following outing/event/trip ("outing") with certain restrictions and limitations as documented below:

Name of child: \_\_\_\_\_ Sex: (circle) M / F Date of birth: \_\_\_\_\_

Is this a recurring trip? Y / N Date or dates of trip: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Class: \_\_\_\_\_

Parent(s) or Legal Guardian(s):

Name(s): \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell or other phone: \_\_\_\_\_

Alternate contact person(s) for emergencies

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell or other phone: \_\_\_\_\_

Medical Information

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

## DISCLOSURE OF RESTRICTIONS DURING OUTING AND REQUEST FOR APPROVAL

I hereby answer the following questions and make the following disclosures as to my child's: (a) health, mental and physical condition, (b) preparation, and (c) restrictions and limitations for this outing (using the areas provided and the back of these pages or extra pages, as necessary).

1. Is your child currently being treated by a physician?  NO or  YES. If yes, please provide a written and signed statement from your child's physician indicating current treatment and any restrictions or limitations, especially as they may relate to this outing.

2. Have you been advised by a physician that your child should restrict or limit his/her physical activities in any way?  NO or  YES. If yes, please describe these restrictions and limitations: \_\_\_\_\_

3. Is your child currently taking any prescription medications or planning to bring any such medications on this outing?  NO or  YES. If yes, please provide a list and description of all such medications, including how and when they are to be administered on this outing, and describing potential side effects of taking these medications or failing to take them: \_\_\_\_\_

All prescribed medications (other than inhalers) must be turned over to the adult leaders of this outing for administration as per the prescription label. Are there any medications (other than inhalers) that must remain in your child's possession?

NO or  YES. If yes, please list them: \_\_\_\_\_

4. Does your child have any learning or behavioral disability or limitation?  NO or  YES. If yes, please explain: \_\_\_\_\_

5. Does your child have any food restrictions?  NO or  YES. If yes, please explain: \_\_\_\_\_

6. Are there any recent conditions that might affect your child's health (e.g., surgery, injury, physical or emotional trauma)?  NO or  YES. If yes, please explain: \_\_\_\_\_

7. Should your child be restricted from any of the following activities?

- A. Hiking a long distance?  NO or  YES.
- B. Carrying a heavy backpack for a prolonged hike?  NO or  YES.
- C. Climbing, scrambling and jumping on uneven surfaces or rocks?  NO or  YES.
- D. Swimming?  NO or  YES.
- E. Athletic competitions?  NO or  YES.
- F. Physical contact sports?  NO or  YES.

If yes to any restriction of these activities, please explain: \_\_\_\_\_

8. Are there any other restrictions or limitations that need to be placed on your child's participation during this outing?  
 NO or  YES. If yes, please explain: \_\_\_\_\_

9. Will you, as the parent/guardian, be attending this outing to directly supervise the participation of your child?  NO or  YES.

**Permission/Authorization**

I (the undersigned) am the parent or legal guardian of the above named child. He/she has my permission to participate in the outing(s) or field trip(s) specified above.

I hereby agree that the **DISCLOSURES HEREIN DO NOT** in any way **REDUCE, LIMIT OR MODIFY** the **AUTHORIZATION** and **LIABILITY RELEASES** given elsewhere. I understand that the adult leaders of Imani Community Church will review these disclosures and that the Church, in its sole and absolute discretion shall approve or reject my child's participation on this outing. I agree that the granting of such approval is not an assumption of liability by the Imani Community Church, Austin Texas, its charter organization, their respective officers, leaders, agents, volunteers or members.

I again state that I understand that participation in this outing involves a certain degree of risk that could result in property damage, or the injury or death of my child. **FOR MYSELF, MY CHILD, AND FAMILY I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, and **I ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION** in this outing.

I further hereby agree that **FOR MYSELF, MY CHILD, AND FAMILY I KNOWINGLY AND FREELY ASSUME ALL RISKS FROM THE FAILURE BY ANY PARTY TO MANAGE OR MONITOR ANY OF THE RESTRICTIONS OR LIMITATIONS ON MY CHILD**, both known, unknown, and as disclosed herein, and **I FURTHER ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION** in this outing **WHETHER OR NOT THESE RESTRICTIONS AND LIMITATIONS ARE FOLLOWED**, properly, improperly or not at all.

I again state that in consideration of the benefits to be derived, and after carefully considering the risks involved, I, for myself and on behalf of my child, heirs, assigns, personal representatives, and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS**, to the fullest extent of the law, the Imani Community Church, Austin Texas, its charter organization, their respective officers, leaders, agents, volunteers and members **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE OF PERSON OR PROPERTY** regarding my child and/or arising from his/her activities or participation in this outing.

I authorize any of the adult teachers or advisors assisting in the field trip/outing to take any reasonable action to protect the safety, health and welfare of my child. In case of a medical emergency, I authorize any adult teacher or advisor to administer first aid treatment to my child and, if necessary in his or her judgment, obtain medical treatment (including surgery) for my child by any medical care provider. I also authorize the adult teacher or advisor obtaining such medical treatment for my child to give, on my behalf, any written consent for such medical treatment that is customarily required by the medical provider, including written consent that releases the medical provider from liability. The following allergies, medications and other medical issues should be made known to teachers or providers of medical treatment: \_\_\_\_\_

I understand that my child is expected to behave in a respectful manner to other members of the group, as well as any persons he/she encounters during the trip. He/she will be expected to obey the adult teacher/advisor's requests with respect to safety and group needs. Failure to do so could disqualify my child from future participation.

Parent's/Guardian's Printed Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_